

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr

0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>322</u>	Skilled (SNF)	<u>322</u>	<u>117,852</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>322</u>	TOTALS	<u>322</u>	<u>117,852</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>81,709</u>	<u>2,761</u>	<u>10,512</u>	<u>94,982</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>81,709</u>	<u>2,761</u>	<u>10,512</u>	<u>94,982</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.59%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 07/01/94

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 07/01/94 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number of beds certified 322 and days of care provided 5,432

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	316,773	87,318	11,725	415,816		415,816		415,816			1
2	Food Purchase		454,568		454,568	(67,198)	387,370	(132)	387,238			2
3	Housekeeping		41,533	438,719	480,252		480,252		480,252			3
4	Laundry		17,268		17,268		17,268		17,268			4
5	Heat and Other Utilities			272,030	272,030		272,030	(13,644)	258,386			5
6	Maintenance	73,488	36,571	143,230	253,289		253,289	5,415	258,704			6
7	Other (specify):*											7
8	TOTAL General Services	390,261	637,258	865,704	1,893,223	(67,198)	1,826,025	(8,361)	1,817,664			8
	B. Health Care and Programs											
9	Medical Director			54,500	54,500		54,500		54,500			9
10	Nursing and Medical Records	3,089,212	220,815	9,823	3,319,850		3,319,850	(28,180)	3,291,670			10
10a	Therapy	85,544		4,663	90,207		90,207		90,207			10a
11	Activities	83,938	9,046	2,132	95,116		95,116		95,116			11
12	Social Services	139,948		6,311	146,259		146,259		146,259			12
13	Nurse Aide Training			150	150		150		150			13
14	Program Transportation			407	407		407		407			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,398,642	229,861	77,986	3,706,489		3,706,489	(28,180)	3,678,309			16
	C. General Administration											
17	Administrative	197,052		683,033	880,085		880,085	(587,313)	292,772			17
18	Directors Fees											18
19	Professional Services			101,787	101,787	(25,066)	76,721	(8,629)	68,092			19
20	Dues, Fees, Subscriptions & Promotions			114,875	114,875		114,875	(78,297)	36,578			20
21	Clerical & General Office Expenses	254,814	38,600	185,917	479,331		479,331	90,840	570,171			21
22	Employee Benefits & Payroll Taxes			738,273	738,273	67,198	805,471		805,471			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,439	9,439		9,439	(3,372)	6,067			24
25	Other Admin. Staff Transportation			4,041	4,041		4,041	139	4,180			25
26	Insurance-Prop.Liab.Malpractice			404,207	404,207		404,207	106	404,313			26
27	Other (specify):*							38,973	38,973			27
28	TOTAL General Administration	451,866	38,600	2,241,572	2,732,038	42,132	2,774,170	(547,553)	2,226,617			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,240,769	905,719	3,185,262	8,331,750	(25,066)	8,306,684	(584,094)	7,722,590			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			148,244	148,244		148,244	130,883	279,127			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			32,929	32,929		32,929	764,595	797,524			32
33	Real Estate Taxes			250,064	250,064	25,066	275,130	119,430	394,560			33
34	Rent-Facility & Grounds			1,571,125	1,571,125		1,571,125	(1,571,125)				34
35	Rent-Equipment & Vehicles			6,716	6,716		6,716	6,351	13,067			35
36	Other (specify):*							44,236	44,236			36
37	TOTAL Ownership			2,009,078	2,009,078	25,066	2,034,144	(505,630)	1,528,514			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	21,164	226,690	313,585	561,439		561,439		561,439			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			176,778	176,778		176,778		176,778			42
43	Other (specify):*	56,979			56,979		56,979	(26,146)	30,833			43
44	TOTAL Special Cost Centers	78,143	226,690	490,363	795,196		795,196	(26,146)	769,050			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,318,912	1,132,409	5,684,703	11,136,024		11,136,024	(1,115,870)	10,020,154			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(18,257)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(151,399)	30		9
10	Interest and Other Investment Income	(122)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(132)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(15,790)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(96,000)	21		24
25	Fund Raising, Advertising and Promotional	(63,424)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(125,134)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (470,258)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(645,612)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (645,612)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,115,870)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning:

Ending:

ID# 0040592

01/01/04

12/31/04

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Part B Coinsurance Write-Off - OT	\$ (5,374)	21	1
2	Part B Coinsurance Write-Off - ST	(1,518)	21	2
3	Part B Coinsurance Write-Off - PT	(10,421)	21	3
4	Pharmacy - VA	(15,902)	10	4
5	Veterans Medical Expenses	(2,167)	10	5
6	Patient Needs	(2,668)	10	6
7	Concentrators - VA	(267)	10	7
8	Bank Charges	(25,415)	21	8
9	Travel and Entertainment	(2,784)	24	9
10	IL Council - COPE Dues	(5,844)	20	10
11	Charles Ross - Marketing	(7,719)	19	11
12	Non-Allowable Seminar	(137)	24	12
13	Capitalized R&M	(1,290)	06	13
14	Misc. Income	(5,440)	21	14
15	Contract Nursing Refund	(1,392)	10	15
16	Non-Allowable Legal	(3,034)	19	16
17	Marketing Salaries	(26,146)	43	17
18	Patient Clothing	(5,784)	10	18
19	Non-Allowable Seminar	(1,832)	24	19
20				20
21				21
22				22
23				23
24				24
25				25
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95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(125,134)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(132)											(132)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(18,257)		4,613									(13,644)	5
6	Maintenance	(1,290)		6,705									5,415	6
7	Other (specify):*													7
8	TOTAL General Services	(19,679)		11,318									(8,361)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(28,180)											(28,180)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(28,180)											(28,180)	16
	C. General Administration													
17	Administrative			(587,313)									(587,313)	17
18	Directors Fees													18
19	Professional Services	(10,753)		2,124									(8,629)	19
20	Fees, Subscriptions & Promotions	(85,058)		6,761									(78,297)	20
21	Clerical & General Office Expenses	(144,168)		235,008									90,840	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,753)		1,381									(3,372)	24
25	Other Admin. Staff Transportation			139									139	25
26	Insurance-Prop.Liab.Malpractice			106									106	26
27	Other (specify):*			38,973									38,973	27
28	TOTAL General Administration	(244,732)		(302,821)									(547,553)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(292,591)		(291,503)									(584,094)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
30	Depreciation	(151,399)	270,800	11,482									130,883	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(122)	761,692	3,025									764,595	32
33	Real Estate Taxes		119,430										119,430	33
34	Rent-Facility & Grounds		(1,571,125)										(1,571,125)	34
35	Rent-Equipment & Vehicles			6,351									6,351	35
36	Other (specify):*		44,236										44,236	36
37	TOTAL Ownership	(151,521)	(374,967)	20,858									(505,630)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(26,146)											(26,146)	43
44	TOTAL Special Cost Centers	(26,146)											(26,146)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(470,258)	(374,967)	(270,645)									(1,115,870)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	32	Interest Expense	\$	Chevy Chase Associates	100.00%	\$ 761,692	\$ 761,692	1
2	V	34	Rental Income	1,571,125	Chevy Chase Associates	100.00%		(1,571,125)	2
3	V	30	Depreciation Expense		Chevy Chase Associates	100.00%	270,800	270,800	3
4	V	33	Real Estate Taxes		Chevy Chase Associates	100.00%	119,430	119,430	4
5	V	36	MIP Expense		Chevy Chase Associates	100.00%	44,236	44,236	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,571,125			\$ 1,196,158	\$ * (374,967)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 4,613	\$ 4,613	15
16	V	6	REPAIRS AND MAINT.				6,705	6,705	16
17	V	17	ADMINISTRATIVE - NON-OWNER				45,595	45,595	17
18	V	19	PROFESSIONAL FEES				2,124	2,124	18
19	V	20	FEES SUBSCRIPTIONS				6,761	6,761	19
20	V	21	CLERICAL & GENERAL				235,008	235,008	20
21	V	24	SEMINARS AND EDUCATION				1,381	1,381	21
22	V	25	ADMIN. STAFF TRAVEL				139	139	22
23	V	26	INSURANCE				106	106	23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.				35,257	35,257	24
25	V	30	DEPRECIATION				11,482	11,482	25
26	V	32	INTEREST EXPENSE				3,025	3,025	26
27	V	34	BUILDING RENT						27
28	V	35	EQUIPMENT RENTAL				6,351	6,351	28
29	V								29
30	V	17	ADMIN. - R. HARTMAN				26,444	26,444	30
31	V	17	ADMIN. - B. CARR				23,681	23,681	31
32	V	17	ADMIN. - D. HARTMAN						32
33	V	27	EMP. BEN. - R. HARTMAN				2,507	2,507	33
34	V	27	EMP. BEN. - B. CARR				1,209	1,209	34
35	V	27	EMP. BEN. - D. HARTMAN						35
36	V								36
37	V	17	MANAGEMENT FEES	683,033				(683,033)	37
38	V								38
39	Total			\$ 683,033			\$ 412,388	\$ * (270,645)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 68,788	Diamond Insurance	40.00%	\$ 68,788	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 68,788			\$ 68,788	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	60.75%	See Attached	4.86	9.72%	Alloc Salary	\$ 26,444	17-7	1
2	Barry Carr	Owner	Administrative	4.75%	See Attached	6.95	13.90%	Alloc Salary	23,681	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 50,125		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization NUCARE SERVICES CORP.
Street Address 7257 N. LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (847) 933-2600
Fax Number (847) 933-2601

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	UTILITIES	AVAIL. CENSUS DAYS	756,764	9	\$ 29,620	\$	117,852	\$ 4,613	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	756,764	9	43,055		117,852	6,705	2
3	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	756,764	9	292,782	286,867	117,852	45,595	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	756,764	9	13,637		117,852	2,124	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	756,764	9	43,417		117,852	6,761	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	756,764	9	1,509,058	1,239,144	117,852	235,008	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	756,764	9	8,870		117,852	1,381	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	756,764	9	894		117,852	139	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	756,764	9	682		117,852	106	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	756,764	9	226,398		117,852	35,257	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	756,764	9	73,728		117,852	11,482	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	756,764	9	19,426		117,852	3,025	12
13	34	BUILDING RENT	AVAIL. CENSUS DAYS	756,764	9			117,852		13
14	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	756,764	9	40,782		117,852	6,351	14
15										15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	31	9	170,000	170,000	5	26,444	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	45	9	152,234	152,234	7	23,681	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	8	9	55,558	54,772			18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	31	9	16,119		5	2,507	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	45	9	7,772		7	1,209	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	8	9	4,305				21
22										22
23										23
24										24
25	TOTALS					\$ 2,708,337	\$ 1,903,018		\$ 412,388	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Diamond Insurance
Street Address 40 Skokie Blvd Suite 105
City / State / Zip Code Northbrook, IL 60062
Phone Number (847) 559-1002
Fax Number ()

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 68,788	1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$ 68,788	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

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Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

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Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr # 0040592 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Alloc From Chevy Associates		X				\$				\$	537,095	1
2	HUD Loan Payable		X	Mortgage					16,118,367			224,597	2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Shareholder Loan	X		Working Capital	Interest Only				1,300,000			32,929	6
7	Alloc From NuCare		X									3,025	7
8	See Supplemental Schedule												8
9	TOTAL Facility Related						\$		\$	17,418,367			9
	B. Non-Facility Related*												
10	Interest Income		X									(122)	10
11													11
12													12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$		\$				14
15	TOTALS (line 9+line14)						\$		\$	17,418,367			15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,236 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8							\$					8	
9												9	
10												10	
11												11	
12												12	
13												13	
14	TOTAL Working Capital											14	
	B. Non-Facility Related*												
15							\$					15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related											20	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2003 report.		\$	485,088		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	416,285		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(68,803)		3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	438,298		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	25,066		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 59,473 For 00-01 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	394,561		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1999	450,527	8		
	2000	445,285	9		
	2001	456,866	10		
	2002	461,988	11		
	2003	416,285	12		
2004 Accrual - \$516,285 X 1.053 =\$438,298					
Refund Not Adjusted As Years Were Not Used For Rate Setting					
Refund - \$52,788 in Equity Restatement (Page 18) and \$6,684 in Misc. Income (Page 19-Supplemental)					

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

SEE ACCOUNTANTS' COMPILATION REPORT

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Chevy Chase Nrsg & Rehab Ctr</u>	COUNTY	<u>Cook</u>
---------------	---	--------	-------------

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>138,380.13</u>	\$ <u>138,380.13</u>
2. <u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>277,905.09</u>	\$ <u>277,905.09</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>416,285.22</u>	\$ <u>416,285.22</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Chevy Chase Nrsg & Rehab Ctr

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0040592

CONTACT PERSON REGARDING THIS REPORT

Steve Lavenda

TELEPHONE

(847)236-1111

FAX #:

(847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,625

B. General Construction Type: Exterior Brick Frame Concrete Number of Stories 4

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	<u>1</u>
2	<u>7257 N. Lincoln Avenue, LLC Allocation</u>			<u>6,244</u>	<u>2</u>
3	TOTALS	80,457		\$ 246,244	3

SEE ACCOUNTANTS' COMPILATION REPORT

11/3/2005 8:09 AM

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr

0040592

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1994		17,938		20	897	897	9,104	9
10	Various		1995		20,890		20	1,044	1,044	9,969	10
11	Various		1996		87,605		20	4,381	4,381	36,750	11
12	Various		1997		40,122		20	2,037	(2,037)	15,745	12
13	Various		1998		132,735		20	6,639	6,639	42,123	13
14	Various		1999		419,788		20	20,993	20,993	110,891	14
15	Various		2000		90,604		20	4,530	4,530	20,244	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)	4,564,559	270,800		130,416	(140,384)	2,430,678	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)	96,091	2,930		3,038	108	3,249	68
69	Financial Statement Depreciation		148,244			(148,244)		69
70	TOTAL (lines 4 thru 69)	\$ 5,470,332	\$ 421,974		\$ 173,975	\$ (252,073)	\$ 2,678,753	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr

0040592

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,470,332	\$ 421,974		\$ 173,975	\$ (247,999)	\$ 2,678,753	1
2	Wandergaurd	2001	1,310		20	66	66	263	2
3	Compressor	2001	6,412		20	321	321	1,230	3
4	Door Alarm	2001	950		20	48	48	179	4
5	Nursing Station	2001	11,700		20	585	585	2,194	5
6	Phone Outlet	2001	967		20	48	48	173	6
7	Electrical Circuit	2001	642		20	32	32	115	7
8	Wallpaper	2001	12,039		20	602	602	2,157	8
9	Wallpaper	2001	663		20	33	33	113	9
10	Wanderguard	2001	1,344		20	67	67	224	10
11	Wallpaper	2001	7,611		20	381	381	1,333	11
12	Water Heater	2001	4,330		20	217	217	722	12
13	Fire Alarm Repair	2001	1,087		20	54	54	181	13
14	Drain Outlet	2001	850		20	43	43	146	14
15	Wallpaper	2001	751		20	38	38	126	15
16	Phone Lines	2001	983		20	49	49	159	16
17	Phones Lines	2001	858		20	43	43	140	17
18	Fire Proof Board	2001	375		20	19	19	59	18
19	Curtain & Rods	2001	3,854		20	193	193	626	19
20	Wallpaper	2001	1,072		20	54	54	170	20
21	Painting	2001	2,376		20	119	119	366	21
22	Fire Alarm Repairs	2001	749		20	37	37	115	22
23	Curtains & Rods	2001	7,792		20	390	390	1,202	23
24	Signs	2001	2,466		20	123	123	401	24
25	Wallpaper	2001	5,096		20	255	255	849	25
26	Wallpaper	2001	5,109		20	255	255	851	26
27	Phone Lines	2001	774		20	39	39	119	27
28	Phone & Fax Lines	2001	515		20	26	26	79	28
29	Nurse Call System	2001	2,873		20	144	144	443	29
30	Phone Lines	2001	454		20	23	23	70	30
31	Sprinkler Sys. Repai	2001	725		20	36	36	136	31
32	Phone Line	2001	521		20	26	26	98	32
33	Install Cable Network	2002	1,045		20	105	105	314	33
34	TOTAL (lines 1 thru 33)		\$ 5,558,625	\$ 421,974		\$ 178,446	\$ (243,528)	\$ 2,694,106	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr

0040592

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,558,625	\$ 421,974		\$ 178,446	\$ (243,528)	\$ 2,694,106	1
2	Exit Signs	2002	695		20	70	70	203	2
3	Telephone Lines Svc	2002	896		20	90	90	261	3
4	Magnetic Door Holders	2002	2,322		20	232	232	658	4
5	Telephone Lines Svc	2002	1,202		20	120	120	311	5
6	Alarm System	2002	1,081		20	108	108	279	6
7	Relocate Nurse Call Sys.	2002	751		20	75	75	194	7
8	Wallpaper Border	2002	1,621		20			1,621	8
9	Smoke Damper	2002	1,145		20	115	115	267	9
10	Wallcovering	2002	1,621		20	162	162	378	10
11	Alarm System Svc.	2002	1,029		20	103	103	240	11
12	Telephone Line Svc	2002	1,197		20	120	120	279	12
13	Hi-Density Vcr System	2002	1,670		20	167	167	362	13
14	Telephone Line Svc	2002	1,432		20	143	143	298	14
15	Alarm System	2002	1,113		20	111	111	232	15
16	Elevator Repair	2002	3,740		20	374	374	997	16
17	Landscaping	2002	17,500		20	1,167	1,167	2,917	17
18	70 Pieces Of Lumber	2002	856		20	86	86	221	18
19	Tuckpointing	2002	2,900		20	290	290	749	19
20	Canopy Awning	2002	10,531		20	1,053	1,053	2,896	20
21	55 Pieces Of Lumber	2002	734		20	73	73	184	21
22	Sign And Installation	2002	2,504		20	250	250	709	22
23	Overpmt On 2001 Wallcovering	2002	(5,095)		20			(5,095)	23
24	Plumbing	2002	2,279		20	228	228	627	24
25	Painting	2002	2,985		20	299	299	622	25
26	Furnish And Install 2 Soft Starts	2003	5,000		20	500	500	1,000	26
27	Latching Alarm System	2003	1,113		20	159	159	318	27
28	Cctv To Monitor Front Lobby	2003	1,010		20	101	101	168	28
29	Cctv To Monitor Outside Patio	2003	1,331		20	133	133	211	29
30	Cctv To Monitor Staircase	2003	1,037		20	104	104	164	30
31	Wrought Iron Fence	2003	3,700		20	247	247	370	31
32	Door Detector	2003	1,630		20	163	163	231	32
33	Water Heater	2003	9,630		20	803	803	869	33
34	TOTAL (lines 1 thru 33)		\$ 5,639,785	\$ 421,974		\$ 186,092	\$ (235,882)	\$ 2,707,847	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr

0040592

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,639,785	\$ 421,974		\$ 186,092	\$ (235,882)	\$ 2,707,847	1
2	Latching Alarm System For Staircase	2003	1,153		20	165	165	302	2
3	Wanderguard System	2003	3,133		20	448	448	522	3
4	Tuckpointing	2003	2,800		20	280	280	560	4
5	Elevator Plate	2003	651		20	33	33	62	5
6	Hot Water Heater Ignition	2003	549		20	27	27	55	6
7	Bronze Screens	2003	550		20	28	28	53	7
8	Telephone Lines	2003	803		20	40	40	80	8
9	Telephone Lines	2003	1,222		20	61	61	102	9
10	Telephone Lines	2003	603		20	30	30	48	10
11	Shower Room Valve	2003	770		20	39	39	61	11
12	Elevator Buttons	2003	1,453		20	73	73	91	12
13	Elevator Door Detector	2003	1,400		20	70	70	82	13
14	Elevator Sills	2003	2,445		20	122	122	143	14
15	Sprinkler Valve	2003	2,100		20	105	105	131	15
16	Telephone System	2004	3,651		20	213	213	213	16
17	Telephone System	2004	782		20	33	33	33	17
18	Telephone Service	2004	2,693		20	45	45	45	18
19	Telephone System	2004	873		20	80	80	80	19
20	Decorating	2004	589		20	54	54	54	20
21	Dialysis Room	2004	13,543		20	1,241	1,241	1,241	21
22	Install Piping	2004	3,626		20	363	363	363	22
23	Cctv	2004	2,529		20	232	232	232	23
24	Dialysis Room	2004	7,000		20	583	583	583	24
25	Cctv	2004	1,825		20	152	152	152	25
26	Monitoring System	2004	1,981		20	149	149	149	26
27	Wall Cover	2004	3,971		20	232	232	232	27
28	Ceiling Tiles	2004	2,130		20	89	89	89	28
29	Ceiling Tiles	2004	1,929		20	32	32	32	29
30	Compressor	2004	2,466		20	123	123	123	30
31	Monitoring System	2004	834		20	35	35	35	31
32	Electric Lines	2004	15,200		20	380	380	380	32
33	Concrete	2004	6,965		20	58	58	58	33
34	TOTAL (lines 1 thru 33)		\$ 5,732,004	\$ 421,974		\$ 191,707	\$ (230,267)	\$ 2,714,233	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 5,732,004	\$ 421,974		\$ 191,707	\$ (230,267)	\$ 2,714,233	1
2	Windows	2004	2,891		20	72	72	72	2
3	Pressure Guard	2004	2,557		20	64	64	64	3
4	Air Cleaner	2004	4,265		20	36	36	36	4
5	Water Booster	2004	2,160		20	18	18	18	5
6	Pressure Guard	2004	1,799		20	15	15	15	6
7	Monitoring/Telephone Service	2004	3,268		20	327	327	327	7
8	Electric Sign	2004	1,632		20	163	163	163	8
9	Nurses Station	2004	11,700		20	1,170	1,170	1,170	9
10	Sprinkler System Repair	2004	1,290		20	129	129	129	10
11	Phone Paging System	2004	3,293		20	329	329	329	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$5,766,859	\$421,974		\$194,030	\$(227,944)	\$2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$5,766,859	\$421,974		\$194,030	\$(227,944)	\$2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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19									19
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21									21
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,766,859	\$ 421,974		\$ 194,030	\$ (227,944)	\$ 2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$5,766,859	\$421,974		\$194,030	\$ (227,944)	\$2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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17									17
18									18
19									19
20									20
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$5,766,859	\$421,974		\$194,030	\$ (227,944)	\$2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$5,766,859	\$421,974		\$194,030	\$ (227,944)	\$2,716,556	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$5,766,859	\$421,974		\$194,030	\$ (227,944)	\$2,716,556	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)											
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	322		1986	1977	\$ 4,471,948	\$ 270,800	35	\$ 127,770	\$ (143,030)	\$ 2,332,463	4
5			1984	1984	92,611		35	2,646	2,646	60,087	5
6										38,128	6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$4,564,559	\$270,800		\$130,416	\$(140,384)	\$2,430,678	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	7257 N. Lincoln Avenue, LLC Allocation		2004		\$ 56,198	\$ 1,441		\$ 1,606	\$ 165	\$ 1,806	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	7257 N. Lincoln Avenue, LLC Allocation		2004		1,117	223	20	28	(195)	28	9
10											10
11	NuCare Services Corp. Allocation		2003		1,824	47	20	91	44	102	11
12	NuCare Services Corp. Allocation		2004		36,952	1,219	20	1,313	(94)	1,313	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 96,091	\$ 2,930		\$ 3,038	\$ (80)	\$ 3,249	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 681,543	\$ 7,172	\$ 74,251	\$ 67,079	10	\$ 408,005	71
72	Current Year Purchases	218,458	1,380	10,846	9,466	10	10,846	72
73	Fully Depreciated Assets	14,364				10	14,364	73
74								74
75	TOTALS	\$ 914,365	\$ 8,552	\$ 85,097	\$ 76,545		\$ 433,215	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76				\$	\$	\$	\$		\$
77									
78									
79									
80	TOTALS			\$	\$	\$	\$		\$

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$	6,927,468
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	430,526
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	279,127
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(151,399)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	3,149,771

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1977	322	10/16/98	\$ 1,571,125			3
4	Additions							4
5	Chevy Chase				(1,571,125)			5
6								6
7	TOTAL		322		\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 13,067
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☒

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF AIDES TRAINED

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 150	\$	\$ 150
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 150	\$	\$ 150
10	SUM OF line 9, col. 1 and 2 (e)	\$	150		

COMPLETED	
1. From this facility	3
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	3

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 113,028	\$		\$ 113,028	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			30,462			30,462	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			125,827			125,827	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				158,641		158,641	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			21,164		44,268	68,049		133,481	13
14	TOTAL			\$ 21,164		\$ 313,585	\$ 226,690		\$ 561,439	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 751	\$ 184,619	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,315,710	3,315,710	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	363,447	363,447	6
7	Other Prepaid Expenses	16,178	133,403	7
8	Accounts Receivable (owners or related parties)	1,174,330	1,174,330	8
9	Other(specify): See Attached Schedule	1,425	369,321	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,871,841	\$ 5,540,830	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	1,095,156	6,720,615	15
16	Equipment, at Historical Cost	833,006	1,306,759	16
17	Accumulated Depreciation (book methods)	(1,122,687)	(5,065,930)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	72,483	313,873	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 877,958	\$ 9,494,443	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,749,799	\$ 15,035,273	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,054,672	\$ 1,057,975	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(4,720)	(4,720)	28
29	Short-Term Notes Payable	1,300,000	1,300,000	29
30	Accrued Salaries Payable	415,414	415,414	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,483	25,483	31
32	Accrued Real Estate Taxes(Sch.IX-B)	318,868	438,298	32
33	Accrued Interest Payable		68,772	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	27,230	27,230	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	207,616	602,911	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,344,563	\$ 3,931,363	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		16,118,367	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,118,367	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,344,563	\$ 20,049,730	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,405,236	\$ (5,014,457)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,749,799	\$ 15,035,273	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,925,237	1
2	Restatements (describe):		2
3	See Attached	(1,797)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,923,440	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(518,204)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (518,204)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,405,236	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Chevy Chase Nrsg & Rehab Ctr# 0040592Report Period Beginning: 01/01/04Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,879,599	1
2	Discounts and Allowances for all Levels	(97,206)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,782,393	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	528,540	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 528,540	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	255,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	24,987	19
20	Radiology and X-Ray	5,410	20
21	Other Medical Services	7,506	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 293,249	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	122	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 122	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	13,516	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,516	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,617,820	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,893,223	31
32	Health Care	3,706,489	32
33	General Administration	2,732,038	33
	B. Capital Expense		
34	Ownership	2,009,078	34
	C. Ancillary Expense		
35	Special Cost Centers	618,418	35
36	Provider Participation Fee	176,778	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,136,024	40
41	Income before Income Taxes (line 30 minus line 40)**	(518,204)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (518,204)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,835	2,321	\$ 95,669	\$ 41.22	1
2	Assistant Director of Nursing	1,548	1,760	55,199	31.36	2
3	Registered Nurses	17,812	19,454	505,552	25.99	3
4	Licensed Practical Nurses	46,721	50,051	1,075,095	21.48	4
5	Nurse Aides & Orderlies	135,196	149,047	1,299,629	8.72	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,024	1,024	21,164	20.67	7
8	Rehab/Therapy Aides	10,607	11,406	85,544	7.50	8
9	Activity Director	1,838	2,083	23,011	11.05	9
10	Activity Assistants	7,027	7,419	60,927	8.21	10
11	Social Service Workers	5,739	4,733	139,948	29.57	11
12	Dietician	2,384	4,795	55,423	11.56	12
13	Food Service Supervisor					13
14	Head Cook	7,993	8,738	86,007	9.84	14
15	Cook Helpers/Assistants	20,575	22,072	175,343	7.94	15
16	Dishwashers					16
17	Maintenance Workers	2,007	2,191	73,488	33.54	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	3,906	4,183	139,602	33.37	20
21	Assistant Administrator					21
22	Other Administrative	1,272	1,272	57,450	45.17	22
23	Office Manager					23
24	Clerical	13,300	14,327	254,814	17.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,479	1,637	58,068	35.47	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	3,551	3,551	56,979	16.05	33
34	TOTAL (lines 1 - 33)	285,814	312,064	\$ 4,318,912 *	\$ 13.84	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 11,725	01-03	35
36	Medical Director	Monthly	54,500	09-03	36
37	Medical Records Consultant	Monthly	4,128	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,695	10-03	39
40	Physical Therapy Consultant	34	1,952	10a-03	40
41	Occupational Therapy Consultant	34	2,015	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	12	696	10a-03	43
44	Activity Consultant	44	2,132	11-03	44
45	Social Service Consultant	119	6,311	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	243	\$ 89,154		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Barbara Casey	Administrator	0	\$ 92,525
Farhat Sharif	Administrator	0	47,078
Kathleen Brander	Dir of Reg Mgmt	0	16,643
Marilyn Flaherty	VP of MC Reimb	0	19,713
Gerry Jennich	CEO	0	3,034
Jennifer Behinger	Alz Unit Dir.	0	18,060
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 197,053
B. Administrative - Other			
Description			Amount
Management Fees		\$	683,033
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)		\$	683,033
C. Professional Services			
Vendor/Payee	Type		Amount
FR&R	Accounting	\$	24,312
Purchasing Plus	Purchasing Service		600
Charles Ross - Adj Out on Pg 5a	Marketing		7,719
Personnel Planners	Unemployment Consulting		3,030
Various - See Attached	Legal		43,611
C&C Communications	Computer Services		1,926
Giftrap Corporation	Computer Services		5,088
HDSI	Computer Services		6,643
PSD Solutions	Computer Services		8,858
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$	101,787
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	68,788
Unemployment Compensation Insurance			56,512
FICA Taxes			305,375
Employee Health Insurance			200,800
Employee Meals			67,198
Illinois Municipal Retirement Fund (IMRF)*			
Chicago Head Tax			8,176
401K Matching			3,332
Miscellaneous Employee Benefits			55,363
Life Insurance			432
Union Pension Benefits			39,495
TOTAL (agree to Schedule V, line 22, col.8)		\$	805,471
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL		\$	
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			2,222
Health Care Worker Background Check (Indicate # of checks performed 158)			1,580
Subscriptions			1,796
Licenses			5,672
IL Council Dues			11,592
Miscellaneous Dues			1,610
Classified Advertising			5,345
See Supplemental Schedule			70,185
Less: Public Relations Expense		(
Non-allowable advertising			(63,424)
Yellow page advertising		(
TOTAL (agree to Sch. V, line 20, col. 8)		\$	36,578
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Seminar Expense			4,686
Allocate From NuCare			1,381
Entertainment Expense		(
TOTAL (agree to Sch. V, line 24, col. 8)		\$	6,067

*** Attach copy of IMRF notifications**
SEE ACCOUNTANTS' COMPILATION REPORT

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

ILCLTC \$17,436
- (3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 Years
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 16,023

Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

X

YES

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

X

NO

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

Chevy Chase Nursing Center, #0034892, 07/01/1994
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$ 176,778

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 67,198

Has any meal income been offset against related costs?

No

Indicate the amount.

\$ N/A
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

100% Ln 14

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

Yes

Indicate the amount of income earned from providing such transportation during this reporting period.

\$
- (17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

N/A

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

N/A

If no, please explain.

N/A
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT